

State of Wisconsin  
Department of Natural Resources  
PO Box 7921  
Madison, WI 53707-7921

WI Trappers Association  
Statewide Coordinator

15816 Lincoln Ave.  
Kiel, WI 53042

## Wisconsin Cooperative Trapper Education Program Instructor Certification Application

Form 8500-127 (R 6/06)

Notice: Collection of this information is authorized under s. 29.597, Wis. Stats. A complete character and background check will be conducted by the Department of Natural Resources and the Wisconsin Trappers Association as required by s. NR 19.30, Wis. Adm. Code. Personal information collected will be used to administer the Trapper Education program, during the background check and may be provided to requesters as required by Wisconsin's Open Records law ss. 19.31-19.39, Wis. Stats.

Applicant Name (Last, First, M.I.)	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address	Home Telephone	County
City, State, ZIP	Work Telephone	Student Certificate #
I agree to certify only those students who have successfully completed the Wis. Cooperative Trapper Education Program and to abide by the instructor requirements. Complete other side.	Applicant's Signature	Date
I verify that the applicant has completed the requirements necessary for instructor (status) certification.	Sponsoring Instructor's Signature	Date

DNR Use Only	
Instructor Number	
<b>Background Check</b>	
<input type="checkbox"/> NCIC	<input type="checkbox"/> DNR
<input type="checkbox"/> LOCAL	<input type="checkbox"/> CHRI
<input type="checkbox"/> Other	<input type="checkbox"/> DOT
Conservation Warden	Date
APPROVED:	
Regional Safety Warden	
Please fill out reverse →	

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As evidence of my desire to obtain Education / Safety Program Instructor status from the Department of Natural Resources, I hereby empower the Department or its authorized representative bearing this release to, while my application for instructor is pending, obtain information and records pertaining to me from any or all of the following sources:

1. Selective Service System.
2. Any previous employer.
3. Present employer, at an appropriate time in the investigation.
4. Any school, college, university or other educational institution.
5. Law Enforcement Agencies (including criminal records checks).

I understand that the above information is necessary for determining my eligibility and suitability to be certified as a Department of Natural Resources Education / Safety Program Instructor.

I hereby release any individual or institution, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, because of compliance with this authorization and request to release information or any attempt to comply with it.

Signature (Full Name)	Date Signed
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